

SCHOOL DISTRICT		PAYROLL MONTH/YEAR
Agency Number	Name	mm/yyyy

Check number	Date mm/dd/yyyy	Regular Deductions	2% Deductions	Installments	Total
FILE TOTALS					

Check Variance
(see comments)



Please note: Please do not attach any documentation other than the payment to this sheet. All notes or other supporting information should be reported directly in MyTRS.

CONTACT PERSON IF THERE IS A PROBLEM:

Name			
Title			
Phone		Fax	
Email			

I hereby certify that the information presented on this form and the accompanying deduction report is true and correct.

Signature _____ Date _____

Please send your completed form, monthly report and check to the MTRS Lockbox:

Massachusetts Teachers' Retirement System
P.O. Box 756970
Philadelphia, PA 19175-6970

Please do NOT send your paperwork or check to our Main office unless specifically requested by your Employer Services Representative.